Overweight & Obesity

New Guidelines

In June 1998, the National Heart, Lung, and Blood Institute (NHLBI), in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), released the first federal guidelines on the identification, evaluation, and treatment of overweight and obesity.

Overweight Assessment Measures

1. Body Mass Index (BMI)

To determine BMI, multiply weight in pounds by 703.

Divide that result by height in inches squared.

BMI of 25 to 29.9 for both men and women = Overweight BMI over 30 for both men and women = Obese

- 2. Waist Circumference Over 40 inches in men and over 35 inches in women signifies increased risk for those who have a BMI of 25 to 34.9.
- 3. Risk Factors for Diseases and Conditions
 Associated with Obesity
 Elevations in blood pressure or blood cholesterol.
 Family history of obesity-related disease.

National Healthy People 2000 Objectives

Reduce overweight to a prevalence of no more than 20 percent among people ages 20 and older.

Increase to at least 30 percent the proportion of people ages 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.



Problem:

Overweight and obesity substantially increase the risk for:

coronary heart disease

stroke

hypertension

type 2 diabetes

lipid disorders

gallbladder disease

osteoarthritis

sleep apnea

respiratory problems

endometrial, breast, prostate, and colon cancers

Higher body weight is also associated with increases in all causes of mortality.

In Idaho

51.3%

are overweight or obese and

25.1%

engage in regular physical activity.

Idaho adults who are overweight or obese, by age and sex (1997 data)

	18-24	25-34	35-44	45-54	55-64	65+
Male	33.0%	61.1%	63.0%	69.3%	68.4%	68.7%
Female	23.5%	33.5%	44.9%	49.2%	46.9%	46.8%

Weight Loss Strategies

- Recommend acquiring new behaviors that will promote weight loss and long-term weight maintenance.
- Advise gradually changing eating and physical activity habits.
- Decrease dietary fat and calorie intake.
- Increase consumption of fruits and vegetables to 5 to 9 servings each day.
- Progress to at least 30 minutes of moderate physical activity 5 to 7 days a week.
- Suggest a reasonable time line for losing 1 to 2 pounds per week or a 10 percent reduction in body weight over 6 months. With success, and if warranted, further weight loss can be recommended.
- Address psychological factors such as depression and eating disorders that make it more difficult to reach and maintain a healthy weight.
- Recommend trying lifestyle therapy for at least 6 months before embarking on physician-prescribed drug therapy.
- Discuss options of drug therapy and weight loss surgery for persons with BMI over 40 or over 35 with coexisting conditions and failure of less invasive methods. Lifelong medical surveillance after surgery is necessary.

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults is located at http://www.nhlbi.nih.gov/nhlbi/

Sources:

Idaho Behavioral Risk Factor Surveillance System, 1996, 1997. Center for Vital Statistics and Health Policy, Idaho Department of Health & Welfare.

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Heart, Lung, and Blood Institute, 1998.

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Overweight and obesity are on the rise.

Being overweight or obese affects more than

55%

of the U.S. population, about

97 million adults

Prevalence of obesity is greatest among older women, particularly minority women.

In Idaho

the proportion of overweight and obese adults increased from



in 1988 to



in 1997.

Although fat intake has decreased, calorie intake for adults has increased in the '90s.

Recreational activity has decreased.

